

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031120
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4263

FILED SEP 10 1962

VS 300
Rev. 4/59

1
2 3608
3
4 0
5 1
6
7 1
8 2
9 4201
10
11
12 90-0
13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Alfred A. Caruso

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4332 MYRTLE AVENUE		d. STREET ADDRESS (If outside, give location) 4332 MYRTLE AVENUE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDWARD Middle WILLIAM Last KORUTUM		4. DATE OF DEATH Month AUGUST Day 17th Year 1962	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-1-1900
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ORDERLY		10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL	
11. BIRTHPLACE (City and state or country) DODGE NEBRASKA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PETER KORUTUM		13b. MOTHER'S MAIDEN NAME MARGARETHA GRANTZ	
14. NAME OF HUSBAND OR WIFE Marguerite Korutum		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT KANSAS CITY MISSOURI MARGUERITE KORUTUM 4332 MYRTLE AVE	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from Oct. 15 '61 to Aug. 3 '62 and last saw her alive on Aug. 3 '62 Death occurred at 1.40 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Alfred A. Caruso M.D.		22b. ADDRESS 924-Linwood K.C. Mo	
22c. DATE SIGNED 8/17/62		22d. LOCATION (City, town, or county) BLOOMFIELD NEBRASKA	
23a. BURIAL (CREMATION, REMOVAL) (Specify) REMOVAL		23b. DATE AUG. 18, '62	
23c. NAME OF CEMETERY OR CREMATOR BLOOMFIELD CEMETERY		23d. LOCATION (City, town, or county) BLOOMFIELD NEBRASKA	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City Mo		25. DATE RECD. BY LOCAL REG. 8-18-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

18141 W 4187

Reeds T. B. Hospital. Carved. cut at neck

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roman W. Thorton

Licensed Embalmer No. 4889
P. O. Address Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting:
If this body is not embalmed, fact should be so stated above.